Rise of women in medicine not matched by leadership roles

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When Dr. Lesley Barron was in medical school, she was told it would only be a matter of time before women occupied top leadership positions in medicine. There was reason for optimism. In 1995, a year before Barron graduated, more women than men entered medical school in Canada for the first time. Today, 63% of Canadian medical students are women.

But a proportionate rise of female leaders in the profession has yet to be seen. "We still have an incredible minority of women at the table," said Barron. "It's not something that's going to happen naturally. We have to be proactive."

There are two female deans of medicine out of 17. Eighteen men and eight women sit on the Ontario Medical Association (OMA) board of directors. The board of the Canadian Medical Association (CMA) has 20 men and six women.

Given that 41% of Canadian physicians are women, the gender imbalance in leadership is something that more female doctors are calling out. The imbalance has been attributed to unconscious biases against women, family demands, and the confidence gap between women and men. There is also "constant criticism" that female doctors lack experience because they are more likely to be younger, said Barron, a surgeon in Georgetown, Ontario, and former member of the OMA board.

Another issue is that men dominate most selection and nomination committees, and are more likely to mentor and support other young men, said Barron. "You're trying to get in the door, but you need the man on the other side of the door to open it," she said.

But the bias against female leaders is often held by women, too. Dr. Kim Kelly is a board member of the Alberta Medical Association. When she announced she wanted to run for the board, both male and female colleagues suggested she wait until her children were older — something, she suspects, a male physician would never hear. The lack of a female role model also made her question her abilities to be a leader, said Kelly.

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More than 40% of doctors in Canada are women, as are 63% of medical students.

Dr. Sarita Verma, vice president of education at the Association of Faculties of Medicine of Canada, has conducted research on leadership in health care and says both men and women "tend toward an unconscious belief that men are more effective as leaders than women." In theory, said Verma, if medicine is to be team-based and innovative, leaders should have traits more associated with women — "leaders who are creative, collaborative and empower others." But in practice, people are more likely to be elected into leadership if they display traits typically associated with men — "confident, determined individuals who have paid their dues."

Women who do pursue leadership positions, and are successful, may still get

discouraged from staying in and advancing in leadership, because of negative experiences. Several times, Kelly said, she put forward ideas that were taken seriously only when mentioned later by male colleagues. And research shows that female leaders in male-dominated environments are criticized more than their male counterparts, by both genders.

There's also the possibility that some women may be less interested in taking on certain leadership roles. Dr. Susan Phillips, a professor of family medicine and public health sciences at Queen's University, said that although she "could be completely wrong," she thinks fewer women want to be deans of medicine, for example. "I want to do medicine, and I want to do research. I don't want to try to find funds and be a human resource manager."

Other times, women eschew leadership because it doesn't accommodate parental and family roles. Dr. Nadia Alam, incoming OMA president and mother of four, pointed out that her leadership role, on top of her other responsibilities, means she sometimes gets home after her kids are in bed. "There is a lot of mom guilt," she said. Traditionally, leadership positions in medicine have been set up for men with spouses who took on the bulk of family and household responsibilities. Women today may have more support than ever from their partners, but they still have many responsibilities at home.

Dr. Monika Dutt, who has worked as a medical officer of health in three provinces, said medical organizations can be more inclusive to women, and especially younger women, by accommodating childcare needs — whether that means welcoming children at evening or weekend meetings, or providing childcare. She says she would often bring her son to evening meetings without any problems, and was shocked when a male head of a medical committee told her that children weren't welcome.

Some changes on this front are already afoot. The OMA restarted onsite childcare at its council meetings in 2016. The service had been stopped because of underuse, but a growing cohort of mothers in OMA's council ranks demanded it be reinstated.

To address gender imbalance at the Alberta Medical Association, Kelly is recommending moving from a vague statement of "we are committed to diversity and inclusivity" to a concrete goal, such as "in five years, our leadership composition should represent our membership composition."

People in positions of power also need to approach women and encourage them to put their names forward for leadership roles, according to Dutt. "It's not good enough to say women are not applying," she said. "You have to ask why that is."

The good news? From Dr. Bonnie Henry (British Columbia's first female provincial health officer, appointed last month) to Dr. Virginia Roth (the just-appointed first female chief-of-staff at The Ottawa Hospital), to Dr. Gigi Osler (incoming president of the CMA), women in medical school today have more role models in leadership than those before them. "The glass ceiling is not yet shattered, but it's splintering a bit," said Alam.

Wendy Glauser, Toronto, Ont.